REQUEST BY AN EXAMINING PHYSICIAN TO TAKE INTO CUSTODY/TRANSPORT A MENTALLY ILL PERSON

SECTION 9.27 (i) MENTAL HYGIENE LAW

PART A	REQUEST FOR CUSTODY AND TRANSPORTATION OF A MENTALLY ILL PERSON BY
	A PEACE OFFICER

		M.D., hereby request				
	(Name of Examining Physician)		(Na	me & Badge # of Pea	ace/Police Officer)	
take _	(Name of Person)	into	custody	and transpor	t this person	to
	(Name of Ferson)					
	(Name and Address of Hospital)	-				
ave exami	ned this person and have certified that on certified as mentally ill by another e	t he/she is mentally ill and	d in need o	f involuntary hosp	pitalization. This p	erson
is also bee	on certified as mentally in by another e	examining physician and	ан арриса	MOIT IOI AUTIISSIO	п паѕ вееп сотр	netea.
	(Signature)	M.D	(Time)		(date)	
-		(Location/Address)	7.77		, ,	
	REQUEST FOR TRANSPORTATION	ON OF A MENTALLY	ILL PERS	SON BY AN AN	//BULANCE	
	ERVICE			SON BY AN AN	MBULANCE	
	ERVICE	ON OF A MENTALLY M.D., request, and		SON BY AN AN		
	ERVICE					
	ERVICE					
S	(Name of Examining Physician)	M.D., request, and _	(N	lame of Ambulance S		
S	ERVICE	M.D., request, and _	(N	lame of Ambulance S		
hereby	(Name of Examining Physician) authorized under Section 9.27 (i)	M.D., request, and _	(N	lame of Ambulance S	Gervice)	
hereby	(Name of Examining Physician)	M.D., request, and _	(N	lame of Ambulance S	Gervice)	
hereby	(Name of Examining Physician) authorized under Section 9.27 (i)	M.D., request, and _ Mental Hygiene Law the/she is mentally ill an examining physician and	to transp	lame of Ambulance S ort(Na	Service) ame of Person) pitalization. This p	person bleted.
hereby	(Name of Examining Physician) authorized under Section 9.27 (i) (Name and Address of Hospital) ined this person and have certified tha	M.D., request, and _ Mental Hygiene Law the/she is mentally ill an	to transp	ort(Na	Service) ame of Person) pitalization. This p	person pleted.